

# MSFC Standard Threshold Shift Investigation Form

National Aeronautics and  
Space Administration



Full Name:	DOB:	Date:	Work Phone:
Employer/Org. Code:			Building/Room:
Job Title/Position:		Supervisor/Telephone:	
Work Description:			

## Occupational Noise Exposures

Source	Peak Level	Average Level

## Noise Exposure Characterization

TWA dB-A		Peak		dB-Z	Max		dB-A
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## Engineering Controls Used:

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HPD used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	HPD type: <input type="checkbox"/> Plug <input type="checkbox"/> Muff <input type="checkbox"/> Cap <input type="checkbox"/> Other	NRR: <input type="text"/>
Signage in place: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Combination HPD used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	HCP trained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
HPD worn correctly: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Supervisor enforced: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	HPD condition: <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N/A

## Ototoxic Chemicals

Tradename	Constituent	% Composition	Duration/Frequency of Use or Exposure Level

## Nonoccupational Noise Exposure

Activity	Frequency (days/week, etc.)

## Other Notes/Comments:

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Prepared by:	
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